

Enrolment Inquiry Form

Date:

Student Details	
Student First Name:	Student Surname:
Date of Birth:	
Current School:	
Current School Phone (if known):	
Current Year Level:	
Requires Immediate start <input type="checkbox"/>	New year start <input type="checkbox"/> Yr Level:
Name of Parent/Guardian:	
Address:	
Mobile Phone Number:	
Home Phone Number:	
Email:	
Copy of last school report attached: Yes No	
Academic Aspirations:	
Reasons for Changing School:	
School Use Only	
Interview Date:	Report:
Comments from the current school	
Home Group: 7/8/9/10/11/12 A/B/C/D/E/F/G/H/I/J	
Years 7 – 8(only):	
Language: German Indonesian	
Year 10 (only)	
Mathematics: VCE Established Standard Foundation	
Years 9 and 10 (only)	
Semester 1 Electives:	
Semester 2 Electives:	
Year 11 and 12 (only):	
Subject selections:	